



## 2010 Annual Membership Application Form

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**Membership Options:**

- Individual Membership \$25  
 Student Membership \$10  
 Family Membership \$40  
 Business/Organization  
     Business \$50  
     Non-Profit Organization \$40

**Membership Type:**

- New  
 Renewal

**Additional Contribution:**

Amount: \$ \_\_\_\_\_

**Main Contact Person:**

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**Other Contact (for Family Membership Only)**

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**Business/Organization (for Business & Non-Profit Memberships Only)**

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**Address (Street Address/PO Box):**

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**City, State & Zip Code:**

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**Contact Phone:**

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**Email:**

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Please list all information to assist us in maintaining accurate membership records. We use email as our primary method of communication to our members to help reduce our personal impact on the environment. If you do not have an email address, we will continue to mail information to you directly.

**Please make checks payable to:**

**Wings Over Alma, Inc.**  
118 N Main Street  
Post Office Box 191  
Alma, Wisconsin 54610

**Total Enclosed: \$ \_\_\_\_\_**

**We appreciate your continued support of the  
Wings Over Alma Nature & Art Center. Thank you for being a member.**

**Keep informed by visiting us online at [www.wingsoveralma.org](http://www.wingsoveralma.org).**